Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: FAS-T CORP. AGENTS, INC.

Account Number: 071001002335

: (305)599-0839

Fax Number

: (305)716-0346

FLORIDA/FOREIGN LIMITED LIABILITY

NEWPORT MERCHANT MARINE LLC

Ccrtificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: NEWPORT MERCHANT MARINE LLC ARTICLE II - Address:			
		he mailing address and street address of the prin	ncipal office of the Limited Liability Company
		-	, ,
:	Mailing Address;		
rincipal Office Address: 2121 NW 24 AVENUE			
rincipal Office Address:	Mailing Address;		

The name and the Florida street address of the registered agent are:

MERCEDES B. CRESPO Name 2121 NW 24 AVENUE Florida street address (P.O. Box NOT acceptable) MIAMI, FL 33142 City, State, and Zip Code

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature

(CONTINUED)

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ARTICLE IV - Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager "MGRM" = Managing Member MERCEDES B. CRESPO 2121 NW 24 AVENUE MIAMI, FL 33142

(Use attachment is necessary)

Note: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document contained an affirmation under the penalties of perjury that the facts stated herein are true.)

MERCEDES B. CRESPO

Typed or printed name of signee

O6 MAR 13 AM 9 35 SECHCIANI UF SIATE TALLAHASSEE, FLORIDA

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